

**INDIANA STATE DEPARTMENT OF TOXICOLOGY  
TOXICOLOGY ANALYSIS REQUEST INSTRUCTIONS**

**Investigating Officer:**

1. Fill out the "Toxicology Analysis Request" form completely and legibly.
2. Witness the collection of the samples.
  - a. Blood should be collected in a gray-top tube.
  - b. Check the tube expiration date prior to collection of sample.
  - c. Urine should be collected in the specimen bottle provided in the ISDT kit or other suitable container.
3. Label each sample container with the following information:
  - a. Name of subject
  - b. Collector initials
  - c. Date of collection
  - d. Time of collection
  - e. Witness initials (investigating officer)
4. Return filled blood tubes to Styrofoam holder.
5. Place Styrofoam holder and filled urine bottle into plastic zip-lock bag.
  - a. DO NOT remove liquid absorbing sheet from plastic bag
6. Affix evidence seal to zip-lock bag and return bag to kit box.
7. Place completed "Toxicology Analysis Request" form in kit box.
8. Re-assemble kit box and affix biological specimen labels where indicated on ends of box.
9. Affix biological hazard sticker to marked position on top of box.
10. Send specimens to:

INDIANA STATE DEPARTMENT OF TOXICOLOGY  
550 W. 16<sup>th</sup> Street, Suite A  
Indianapolis, IN 46202-2203

**Specimen Collector Notes:**

1. Follow appropriate clinical protocol for sample collection (for example, hospital protocol).
2. Use **non-alcohol** disinfectant to sterilize the skin collection site.
3. If blood specimen collected with a syringe – add sample to blood tube by inserting needle directly through the stopper – **do not** remove the stopper.

**Invert** blood tubes at least 5 times to ensure proper mixing of the anticoagulant – **do not** shake vigorously.

## ISDT USE ONLY

|   |               |               |                                 |
|---|---------------|---------------|---------------------------------|
| _____   | _____         | _____         | <input type="checkbox"/> Male   |
| Name of Subject (Last, First, Middle Initial) | Date of Birth | Height/Weight | <input type="checkbox"/> Female |

|  |                |  |
|--|----------------|--|
| <div> <div>Title (SGT., Deputy, etc.)</div> <div>Printed Officer/Coroner Name</div> </div> |                | <div>Agency</div>                          |
| <div>Agency Address</div>  |                | <div>Agency Case #</div>                   |
| <div>City/Zip</div>  |                | <div>Electronic Mail (email) Address</div> |
| <div>Telephone</div>   | <div>Fax</div> | <div>County of Occurrence</div>            |

|         |   |  |
|---------|---|--|
| Alcohol | <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other_____ | Note: Refer to ISDT website<br>for list of drugs in<br>panel |
| Drugs   | <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other_____ |  |
| Other   | Specify the name of drug(s) involved in your case: _____  |  |

|                     |  |                     |                                     |  |                                      |
|---------------------|--|---------------------|-------------------------------------|--|--------------------------------------|
| <b>Traffic:</b>     | <input type="checkbox"/> Fatal Accident        | <b>Involvement:</b> | <input type="checkbox"/> Driver     | <b>Subject:</b>  | <input type="checkbox"/> Injured     |
|                     | <input type="checkbox"/> PI Accident           |                     | <input type="checkbox"/> Passenger  |  | <input type="checkbox"/> Not Injured |
|                     | <input type="checkbox"/> PD Accident           |                     | <input type="checkbox"/> Pedestrian |  | <input type="checkbox"/> Deceased    |
|                     | <input type="checkbox"/> OWI                   |                     |                                     |  |                                      |
| <b>Non-Traffic:</b> | <input type="checkbox"/> Homicide              | <b>Involvement:</b> | <input type="checkbox"/> Accused    | <b><u>DRE EVALUATION PERFORMED</u></b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                      |
|                     | <input type="checkbox"/> Suicide               |                     | <input type="checkbox"/> Victim     |  |                                      |
|                     | <input type="checkbox"/> Sexual Assault        |                     |                                     |  |                                      |
|                     | <input type="checkbox"/> Other (Specify) _____ |                     |                                     |  |                                      |

[illegible]